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Bib Data Sheet

CONFIRMATION NO. 2293

SERIAL NUMBER 10/605,294	FILING DATE 09/19/2003 RULE	CLASS 452	GROUP ART UNIT 3643	ATTORNEY DOCKET NO. 717119.455
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APPLICANTS

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NONE REP ** CONTINUING DATA *****

NONE REP ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/04/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SD	SHEETS DRAWING 13	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 6
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials

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TITLE
 AUTOMATED CLASSIFIER AND MEAT CUT FAT TRIMMING METHOD AND APPARATUS

FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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